MARGIN RESERVED FOR BINDING

2411 N. Charles St., Baltimora 83 0

CEDTIFICATE OF DEATH

()	13	U	U	1

CERTIFICA	Reg. Dist. No.
County Of town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No
How long in hospital or institution?	. 2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number 218-14-2016
4. Sex 5. Color or race 6.(a) Single married, widowed, or divorced	MEDICAL CERTIFICATION
M/ C Matried	2D. DATE OF DEATH
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I stiended deceased from
7. Birth date of deceased (mo., day, yr.) 3/25/83	and that I last saw half alive on 19.
8. AGE: Years Months Days It less than one day	
9. Birthplace (Town, county, and state) 10. Usual occupation	Due to. Ltypeslessnir E . J. of
11. Industry or business	Due to
12. Name. John 18 Berry 13. Birthplace Md.	
14. Maiden name 12/theu 300m	(Include pregnancy within 3 months of death) Major findings of operations.
I 15. Birthplace M/d	Date of op.
18. Informant Tiche Berry	Autopsy results
Address / ATYON / A 17 Burlia (Burlal, cremation, or removal. Which?) (Burlal, cremation, or removal. Which?)	22. VIOLENCE: It death was due to external causes, till in the following: Accident, suicide, or homicide
(Burial, cremation, or removal. Which) Cemetery or crematory Cemetery or crematory	Where did injury occur?
Location Calzert Co. NIL	tnjured at home, farm, industry, public place (where?) Means of (njury Injured at work?
18. Funeral director Sentence Madress Prince Frederick Ma	23. SIGNATURE De Villamal
19. 1-26 (Date rec'd by registrar) 19. 46 (Pate rec'd by registrar) Registrar	M. D. or other

JAN 30 1946 BUREAU V.

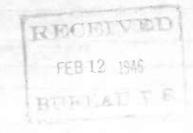
VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 949 CERTIFICATE OF DEATH

(103505 Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County. Calvey	(For newborn infants give residence of mother)
(If outside city or toyn limits, write RURAL and give nearest towo)	State County Catter
How long in above place of death? 20 years	(If outside city or town limits write RURAL and give nearest town)
Hospital, institution, er streef address where death occurred:	Street Ne.
	(If rural, give LOCATION)
How iong in hospital er institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
+ lounce & ligabeth	Bowen no
4. Sex 5. Color or race 6.(a) Single, married, widowed or divorced	MEDICAL CERTIFICATION
FWW	20. DATE DE DEATH. 92404, N
8.(b) Name of husband or wife Benjamin Brussen	21. I CEBRIFY that death occurred on the date above stated; that I attended deceased from
	2 June 19.43, 10. 29 Jam 1846
7. Birth date of	and that I last saw h. Q.V. alive en 29 Jacon 19 16
deceased (mo., day, yr.) Months Days If less than one day	Immediate cause of death
6/0 60	Caronay Frombois
76 7 129hrsmin.	
9. Birthpiace California (Town, eounty, and state)	Due to Collins Control
1D. Usual occupation	
	Due te
11. Industry or business	
12. Hame Serria Wella 3. Birthplace 2nd	Other cenditions
	(Include pregnancy within 3 months of death)
14. Maiden name. Mangaret Spencer.	Major findings of operations.
E 15. Birthplace	Date of op.
16, informant William Bowen	Autopsy results
Address Nunting town mil	PHYSICIAN: Please underline the cause to which desth should be charged statistically.
B D T. 1 1944	22. VIOLENCE: If death was due fe external causes, fill in the following:
(Burial, cremation, or removal. Which?) Bate thereof (month) (day) (year)	Accident, suicide, er homicide
Cemetery er crematory. Wesley M. E.	Where did injury eccur?
Location Prince Frederick Mid	Injured at heme, farm, industry, public place (where?)
and I vi	Means of injury Injured at work?
1B. Funeral director	cho.
Address Mulual, Ind	23. SIGNATURE
125/3// 1096 J-n. 1ang	And Inca town W. M. D. or other



				13
16	2	E	")	12
U	U	0	0	

8	STATE OF	MARYLAND-	CERTIFICATE OF DEATH 00353	10
:	. PLACE OF DEATH		(168)	
	County Caluat		Registration Dist. No.	
	Village or City Prince \$5	ederich:	NoSt.,	Ward
	Length of residence in city or town where death		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mos	
	FULL NAME Gung Eli		nocline If U. S. Veteran, specify WAR	
	(a) Residence: No. Part Repr	alic. (Calv.)		
	(a) hesitenee, he.	(Usual place of abode)	If nonresident give city or town and State	
_	PERSONAL AND STATISTICA		MEDICAL CERTIFICATE OF DEATH	
3.		SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Ye	26, ear)
5e.	If married, widowed, or divorced HUSBAND of	(V	
	(or) WIFE of		22. HEREBY CERTIFY, That I attended decease	y-6
6.	DATE OF BIRTH (month, day, end year) 30 \	nay 1933	Hast saw hea alive on 25 Jours 19 6 death	Is said
	AGE Years Months	Days If LESS than	to have occurred on the date stated above, at Z. pm.	
	12.	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	ofonset
NO	8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	indicat.	Premion i lotor. Cura	
OCCUPATION	9. Industry or business in which	٨	Deveation : 3 days	
CUP	work was done, as SILK MILL, SAW MILL, BANK, etc.	carl.		
Ö	10. Date deceased last worked at this occupation (month and	11. Total time (years) spent in this		
1-	year)	occupation	Other Coutributory Causes of importance:	
12	(State or country)			
R	13. NAME. Sluce. Commi	olan .		
FATHER	14. BIRTHPLACE (city or town)	d	Name of operation Date of	
F	(State or country)	- 1-5	What test confirmed diagnosis? Was there an autopsy?	?
HER	15. MAIDEN NAME Hattie Co	uguadore.	23. If death was due to external ceuses (VIOL ENCE) fill In elso the following:	
MOTHER	16. BIRTHPLACE (city or town)	af	Accident, suicide, or homicide?)
2	(Stete or country)	1	Where did injury occur? (Specify city or town, county and State)	
17	INFORMANT / Jellie Come (Address)	moforc.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18	BURIAL, CREMATION, OR REMOVAL	ate 1-28, 19 44	Manner of Injury	
	Place Drown D	ate, 19_ Y. C	Nature of injury	
19	UNDERTAKER P. C. Serve	ll	24. Was disease or injury in any way related to occupation of deceased?	
-	(Address)	The device may	If so, specify (Signed)	4. P
20	FILED 1-28, 19.46	X. M. Mereg Registrar.	(Address) Amelingtown Ma	M. D.

If more blanks are needed, address Stake Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Stated EXACTLY. PHYSICIAMS successful. Exact statement of OCCUPA-

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of info MARGIN RESERVED FOR BINDING

AGE should be

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

V. S. No. 1 2

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Ccrebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 35

CERTIFICATE OF DEATH

00351 Reg. Dist. No. 350

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of n	
County	marelan a	Capiert
Cily or town	State. U	ly
How long in above place of death?	City or town	write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	DATE OF THE PARTY	
	Streel No(If rural, give I	
How long in hospital or institution?	2.(a) if veteran, name war	
3. (a) FULL NAME martle Estelle Dods	201	3. (b) Social Security Number
ord course	2010	
4. Sex 5. Color or (2co 6.(a) Single, married, widowed, or divorced	MEDICAL CE	RTIFICATION
Jemele White married	20, DATE OF DEATH Jamuson	24, 1946 at 9.45Am
Grand II Andron	21. I CERTIEY that death occurred on the data abov	
6.(6) Hame of husband or wife Detroge W. Bracon	Jaw 18 197	6 1 Jew 24 1046
1. Birth date of	and that last saw h.C. T. alive on	1946
deceased (mo., day, yr.) Chu gust 23-1893		
8. AGE: Years Months Days It less than one day	Immediate cause of death	^_ 4
52 4 /hrsmin.	acute merocord	ills Theek
9. Birtholace Calvery County - maryland	Gue to.	
(Town, county, and state)	Onluensa	2400
10. Usual occupation Arichante	Due to.	weisers ***********************************
11. Industry or business	Due 10	***************************************
	Dther conditions	***************************************
12. Name Beyonen Momas 13. Birthplace Maryland		
	(Include pregnancy within 3 m	onths of death)
14. Malden name. Unknown -	Major findings of operations	
E 15. Birthplaco		Date of op
18. Informant Teorge willes Brass	Autopsy results	
Address Oliver - mouloud,	PHYStCIAN: Please underline the cause to whi	ch death should be charged statistically.
B 10 5741	22. VIOLENCE: tt death was due to external caus	es, till in the tollowing;
(Bnrial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homtcide	Date of
Cemetery or crematory Oliver, M. E.	Where did injury occur?(City or town)	(County) (State)
Olevet, monloud		ere?)
LOCETION CO LLA LA CALLETTE	Meaos of injury	Injured at work?
18. Funeral director.	0 0	
Address Mutual, Maryleed	6 8. (outer - M. D.
1/3 5 46 N (8.8. Donton)	23. SIGNATURE	M. D. or other
19. 25 19. 46 D. 6 A. COSLOV (Date rec'd by registrar) Registrar	Address Solomono, 8	nd Date signed 1/25/46



WITH UNFADING INK. Supply every item of information carefully. The important. Physicians: please write the causes of death clearly and legibly FOR BINDING MARGIN RESERVED

PLEASE WRITE PLAINLY, A16

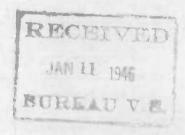
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2411 N. Charles St., Baltimore 30-7

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Carrest	2. 1 Chart
(If outside city or town limits, write RURAL and give nearest town)	2
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
Caloud andy Hospital	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Gessee Engene Ellis	tt ?
4. Sex 5. Rolor or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
MWM	20. DATE DF DEATH 1 Amount 8 19 7 4 21 17.
1:11 Elliot	21.1 CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	Dec 28 1944 10 Jan 8 19 74
7. Birth date of	and that I last saw h Man alive on 19
deceased (mo., day, yr.) May 40, 800	Immediate cause of death
8. AGE: Years Months Days If less than one day	
6.5 / /8min.	Olidous -
5. Birtholace Cabout tounty, my	Due to
(Town, county, and state)	aute nephilis
10. Usuai occupation	Due to
11. Industry or business	Tabelie Gladher
# 12, Name John H. Ellist	Dither conditions - Hepalities -
12. Name	(Include pregnancy within 3 months of death)
14. Maiden name Sallie Hammett 15. Birthplace	
15. Birthplace	Major findings of operations.
2 13. Birinpiace	Date of op.
18. informant	Antopsy results
Address Groomes Laland	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Accident, avicide, or homicide
Read VVI D	Where did injury occur?
Cemetery or crematory	
Location Rosenso Cl aland, Mid	Injured of home, farm, Industry, public place (where?)
18. Funeral director. a. a. Trankness Hon.	Means of injury Injured at work?
Address mutual, mal.	(de Villanus MI)
1-9 " M D 15 15 15	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar) Registrar	Address June Quedened M Dafe signed 18140



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

FOR BINDING

ARGIN RESERVED

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Carret	a. land
City or town. (If outside city or town limits, write RURAL and give nearest town)	State County County
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Now long in above place of death?	(II outside city or town limits, write BORAD and give hearest sown)
auspital, institution, of street address when you are occurred.	Street No. (If rural, give LOCATION)
	410-)
Now long in hospital or institution?	2.(d) If veteran, name wat
3. (a) FULL NAME	3. (b) Social Security Number
a. Bered Lebron	no
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	20. DATE OF DEATH 9000 . 2, 19 46 at 8: 30AM
Si P Lil	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
6.(b) Name of husband or wife	3. 10 days 10 days 2 19 4 6
S.(c) If alive, give age S years	0 - 1 - 2
7. Birth date of deceased (mo., day, yr.) May 26, 1890	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
	Phonia Cisshosis Phine
55 7 6hrsmln.	Marin and De D
9. Birtholace Calvest Co. S. Zsid	Due to Marghe and Due Cilla
(Town, county, and state)	
1D. Usual occupation	Due to
11. Industry or business	
= 12. Name Joseph R. Gilian	Other conditions Diabeles Melling
\$ 13. Birthplace marueland	
	(Include pregnancy within 3 mouths of death)
14. Maiden name Crassic Am Sheckells 15. Birthplace Manyland	Major findings of operations
15. Birthplace may land	Date of op.
18. Informant Inna Byroff lailean	Autopsy results
0.10.0.1	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Proper trederick , Med	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof (mouth) (ddy) (year)	Accident, suicide, or homicide
en	Where did injury occur?
2/ 14 · 4 · C	
Location Steentinglows Med	Injured al home, farm, industry, public place (where?)
18. Fuperal director G. G. Harleness Hore	Means of Injury Injured at work?
Address Mutual End	- Love Class
1 / N W	23. SIGNATURE M. D. or other
19	stored Seller Beller & Date signed of The
(Date rec'd by registrar) Registrar	Address

JAN 7 1946 BUREAU - 1

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

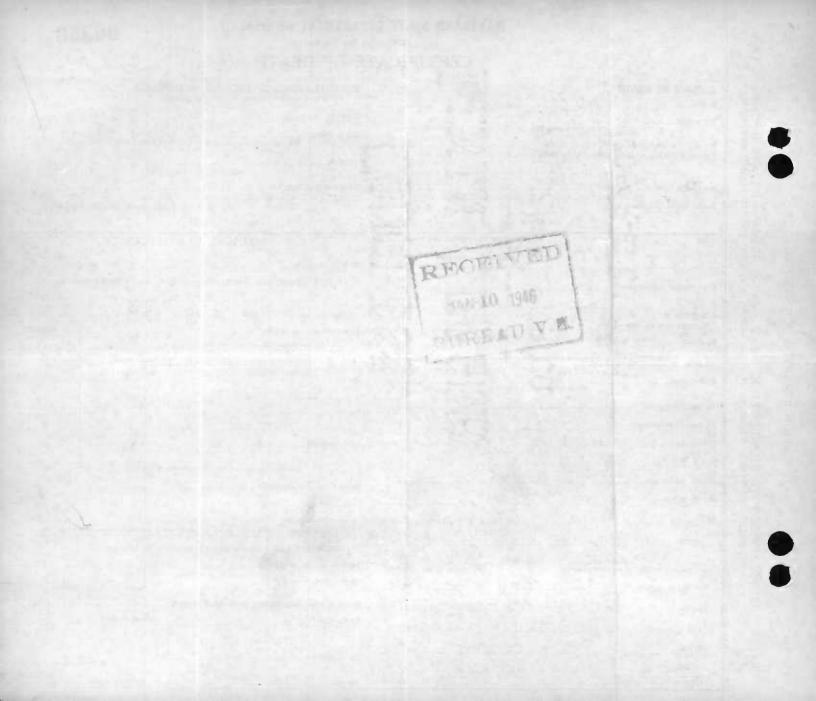
00356 Reg. Diat. No. 52

1. PLACE OF DEATH: County City or town.:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Ceunty City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME alley Clyde Green	2. (b) Social Security Number
4. Sex 5. Color or race 5.(a) Single married, widowed, er divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. # Social 19.46, 21.52
5.(b) Name of husband or wife 8.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.)	21. FOERTIFY that death occurred on the date above stated; that I affended deceased frem 19. 4
8. AGE: Years Months Days If less than one day 10 28	Immediate cause of death DURATION Secretary Constant Control
10. Usual occupation 11. Industry or business 12. Name 12. Name 13. Birthplace 14. Maiden name 14. Maiden name 15. Birthplace 16. Birthplace 17. Birthplace 18. Birthplace 19. Birthplace 19	Due te
16. Interment Seorge M. Treese Address Prince Fullering mod	Antopsy results
17. Belt Home Home	22. VIOLENCE: If death was due to external causes, fill in the fellewing; Accident, suicide, or homicide
Location De Occident M. Hertekerie	Injured at heme, farm, industry, public place (where?)
19. Jan 5 19. Hetc. (Date ree'd by registrar) Address Date 2 Hetc. Registrar	23. SIGNATURE HORSILLE M. D. or other Address Hegulughtane M. Date signed than the

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cork is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

PLEASE

VS A15



PLAINLY, WITH UNF is especially important. WRITE PLEASE VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 934

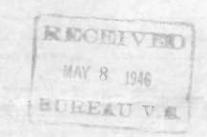
CERTIFICATE OF DEATH

00357 3
Reg. Dist. No. 52

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Carrel	MAS On One SA
(If outside city or town limits, write RURAL and give nearest town)	State County County
How long in above place of dealh?	(If outside city or town limits, write RURAL and give nearest town)
Mospital, institution, or streel address where death occurred:	Street No.
Cal Man T I Wall Sup I togs	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME fames R. Hartes	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White widowed	2D, DATE DF DEATH AMMENT 1946 at 150
6.(b) Name of husband or wife Kanel Husberry	21. I CERTIFY that death occurred on the gale above stated; that allended deceased from
	19.55 to 19.55
7. Birth date of deceased (mo., day, yr.) fully 3/ 1870	and that I last saw h
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION
75 5 /hrsmin.	Cultral Sensulage
O classif Parent	Marie De ala Col Diese
9. Sirthplace (Town, county, and state)	Due to Milliam Augustian
10. Usual occupation. January	
11, Industry or business	Due to
	att
12. Name trade Addition Statistics of 13. Birthstace Calment B. M.A.	Dther conditions
	(Include pregnaucy within 8 months of death)
14. Malden name	Major findings of uperations
≥ 15. Birthplace	Date of op.
18. Informant A LL BAL O MULTONA NAINELLA	Autopsy results
Address	PHYSICIAN: Please underline the cause to which death should be charged statistically.
7	22. VIOLENCE: If death was due to external causes, till in the following;
17. (Burial, cremation, or removal, Which?) Date [hereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory D. Manhalla Concluded	Where did injury occur? (City or town) (County) (State)
Location Hernting Course mile.	Injured al home, farm, Industry, public place (where?)
18. Funeral director. N. H. Letcheria	Means of Injury Injured all work?
2	() () XI
Address devengs tha	23. SIGNATURE SUCH
19. Jan 3 19 46 Trace & Hulchy	M, D. or other
(Date rec'd by registrar) Registrar	Address Date signed



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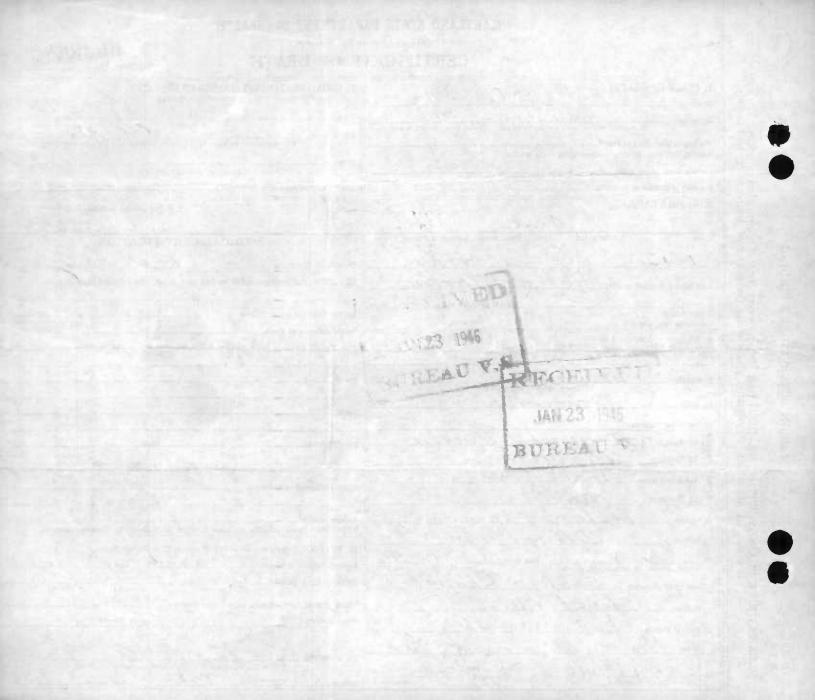
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CERTIFICATE OF DEATH

2411 N. Char	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County City or fown. (If outside city or town limits, write RUKAL and give nearest town) How long in above place of death?. Hospitat, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No (If rural, give LOCATION) 2.(a) If veteran, name war
How long in hospital or institution? 3. (a) FULL NAME 4. Sex 5. Golor or race 6. (a) Single, married, widowed, or divorced Male Col Movric, Movric,	3. (b) Social Security Number 2/7-16-5683 MEDICAL CERTIFICATION 20. DATE DF DEATH - 20. DATE DF DEATH
S.(b) Name of husband or wife	2f. I CERTIFY thef death occurred on the date above stated; that I attended deceased from 19
13. Birthplace 14. Maiden name. Pannie Gress 15. Birthplace 16. Informant Address 17. (Burial, cremation, or removal. Which?) Cemetery or erematory. Extended the control of the con	(Include pregnancy within 8 months of death) Major findings of operations Bate of op. Autopsy results. PHYSICIAN: Flease underline the cause to which death should be charged statistically. 22. VIOLENCE: If deafh was due to external causes, fill in the following; Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?)

MARGIN RESERVED FOR BINDING

VS A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

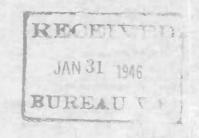
CEDTIFICATE OF DEATH

CERTIFICAL	Reg. Dist. No.		
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County County		
Cily or town	City or lowo		
Now long in hospital or institution?	(If rural, give LOCATION) 2.(a) If veieran, name war		
3.(a) FULL NAME Elizabeth Ellen h	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
5.(d) Name of husband of wife free free free free free free free f	20. DATE OF DEATH		
7. Birth date of S. (c) If alive, give age rears	and that I last saw h. e. ailve on 122146		
8. AGE: Years (Months Days If less than one day	Immediate cause of death DURATION		
Suseris, maruland	Due to		
9. Birthplace	Due to 2 400 s		
11. Industry or business 11. Name	Other conditions		
13. Birthplace	(Include pregnancy within 8 months of death)		
14. Malden name	Major findings of operations		
18. Informant Some E. M. Creaty	Autopay results		
Address Success Montage 125-4	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Burial, cremation, or removal. Which?) Cemetery or crematory Coul - (month) (day) (year)	Where did Injury occur?		
Location Susery, montoud	Injured at home, farm, industry, public place (where?)		
18. Funeral director	WE & Coston		
19. An 2 11 19 46 AV.E.S. Coster (Date ree'd by registrar Registrar	23. SIGNATURE M. D. or other Address & Somoro, Md Date signed 24/4		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legible

MARGIN RESERVED FOR BINDING

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correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

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h.d					

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Reg. Dist. No. 52

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
County	(For newborn infants give residence of mother) State		
City or town			
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)		
Hospital institution, or street address where death occurred:	Street No.		
A State of the sta	(If rural, give LOCATION)		
How long to hospital or Institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
	iger		
4. Sax 5. Color of race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
made while manuel	20. DATE DF DEATH January 6 1946, 21 4 @ M		
200 Renger	21. I CERTIFY that death occurred on the data above stated: that Lettended deceased from		
6.(6) Name of husband or wife	Alle 20 19.45 to Jan 6 19.46		
7. Birth date of	and that I last saw h.M. alive on Jass 5		
deceased (mo., day, yr.) 6 00/ober 18 76	Immediate cause of death		
8. AGE: Years Months Days It less than one day	a cute Cardiae Failure		
10 2 6nrsmln.			
9. Birthplace 1 1t3 burg Tenney Evanua	Due to Caronais trulifficiences		
(Town, county, and state)			
1D. Usuat occupation	Due to.		
11. industry or business Ketter a Munister			
E 12. Name Lase por	Dther conditions		
13. Birthplace of Atrunayevania	(Include pregnancy within 8 months of death)		
14. Maiden name Sarah Mull			
15. Birthplace Penneysame à	Major findings of operations		
	Date of op.		
16, Informant	Autopsy results		
Address	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Burlal, cremation, or removal, Which?) (Burlal, cremation, or removal, Which?)	Accident, suicide, or homicide		
C			
Cemetery or crematory.	Where did injury occur?		
Location Butter and Ship and State of the St	Injured at home, farm, Industry, public place (where?)		
18. Funerat director 21 H. Herlehman	Means of Injury Injured at work?		
Address Ouvin not maruland	Cock kll		
O de but 1	23. SIGNATURE M. D. C.		
19. Alm 19 46 State J. Hellehins (Date rec'd by registrar) Registrar	Tune Rederich M. D. or other		
(Date fee d by registrar) . Registrar	Address Date signed Date		

REGULER

BURMAUNA

MAR 12 1946

2411 N. Charles St., Baltimore

3. (b) Social Security Number

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

Reg. Dist. No. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) (If outside city or town limits, write RURAL and give nearest town) Now long in above place of death? (If outside city or town limits, write RURAL and give nearest town) (If rural, give LOCATION) How long in hospital or institution?.....

3. (a) FULL NAME

4. Sex 6.(a) Single, married, widowed, or divorced

f.(c) If alive, give ageyears 7. Birth date of

deceased (mo., day, yr.) 8. AGE:

(Town, county, and state)

10. Usuat occupation... 11. Industry or business

12. Name...... 13. Birthplace 12. Name.......

14. Maiden nar 15. Birthplace 14. Maiden name.

16. Interment Address

(Burial, cremation, or removal. Wbich?) Cemetery or crematory

19. Funeral director

20. DATE OF DEATH 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Immediate cause of death.

(Include pregnancy within 8 months of death)

Major findings of operations.....

Where did injury occur?

22. VIOLENCE: If death was due to external causes, fill in the following:

(City or town) Injured al home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE

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information of death cle

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Physicians: 1

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FOR BINDING

MARGIN RESERVED

(day) (year)

DURATION

PHYSICIAN: Please underline the cause to which death should be charged statistically.

(County)

IAN 30 1946 -